



MECHANICAL CONTRACTOR REGISTRATION

PLEASE TYPE OR PRINT

Name of Company _____

Address of Business _____

City _____ State _____ Zip _____

Business Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____ State _____ Zip _____

License Holder (Full Name) _____

State License No. _____ Expiration Date _____

Driver's License No. _____ State _____

Signature of License Holder _____

When license with the state is renewed, a copy of the current license must be provided to maintain an active registration. City registration expire 12/31.

REGISTRATION REQUIREMENTS

- \$75.00 Registration Fee (Annual)
- Copy of License Holder's State D.L.
- Copy of State License
- Completed Application
- Authorized Personnel Name & Signature List

OFFICE USE ONLY

Accepted By: _____

Receipt No: _____

Registration No: _____